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AUG 14 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: THOMAS et al.

Attorney Docket No.: IPVMAP01

Application No.: 10/822,218

Examiner: VUONG, QUOCHIE N B.

Filed: April 14, 2004

Group: 2618

Title: EYEGLASSES FOR WIRELESS
COMMUNICATION

CERTIFICATE OF FACSIMILEI hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on August 14, 2006.Signed: Patricia Tate

Printed Name: Patricia Tate

AMENDMENT BMail Stop _____
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 13, 2006, please amend the
above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which beings on
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

Appln. No. 10/822,218

1

Docket No. IPVMAP01

**RECEIVED
CENTRAL FAX CENTER****AUG 14 2006****FAX****TO:**
Commissioner for Patents,
Mail Stop:**FROM:**
C. Douglass Thomas
Ph: 650-903-9200, Fax: 650-903-9800**COMPANY:**
United States Patent Office**DATE:**
8/14/2006**FAX NUMBER:**
571-273-8300**NO. OF PAGES (INCLUDING COVER):**
12**PHONE NUMBER:****SENDER'S REFERENCE NUMBER:**
IPVMAP01**RE:****RECIPIENT'S REFERENCE NUMBER:**
10/822,218**NOTES/COMMENTS:**

Transmitted herewith are the following documents for entry into the above-noted file:

Amendment B Transmittal

1 page

Amendment B

10 pages

Thank you.

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Signed: _____

Patricia Tate

Printed Name: Patricia Tate

AMENDMENT B TRANSMITTAL

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	20	MINUS	20	00	x 25 =	x 50 =
Independent Claims	2	MINUS	2	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$

- ☐ Applicant(s) hereby petition for a _____ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-3874.
- ☐ Enclosed is a Credit Card Payment Form for the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☐ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. _____ (Order No. _____).

Respectfully submitted,

C. Douglass Thomas

C. Douglass Thomas
 Reg. No. 32,947